

SPECIAL NEEDS/SPECIAL TALENT SURVEY

Church Name:

Name:

Spouse:

Address:

Phone:

List names and ages of additional members in household:

Do you only speak a foreign language? No _ Yes _ Language:

Residence Type: Single _ Family _ Mobile Home _ Apt. __ Floor

Name of Residential Complex:

Medical Disability:

Are You Legally Blind _ Deaf _ Mute _ Aphasic _

Are you homebound? Yes _ No _

Do you use a wheelchair? Always _ Most of the Time _ Sometimes _

Do you use a walker/cane? Always _ Most of the Time _ Sometimes _

Do you require a special diet? No _ Yes _ Type:

Special Medical Needs (Ex: severe cardiac, diabetic on insulin):

Do you rely on electricity for home medical treatments? Yes _ No _

Family Physician:

Phone:

Emergency Contact:

Phone: (**NOT** living with you)

Do you have any dog(s)? Yes __ How many? Cats? ____ Yes __ How many?

Do you have transportation in an emergency? Yes _ No _ Maybe

Would you need transportation in an emergency? Yes _ No _ Maybe

If yes, what type? Standard Vehicle _ Wheelchair access _ Ambulance _

In case of an emergency, could you offer any of the following talents:

Evacuation assistance:

Shelter assistance:

Cook:

Child Care:

Emergency Housing:

Clean up:

Home visitors for at-risk members:

Spiritual aid:

First Aid:

Professional support:

Counselors:

Construction:

Medical:

Legal:

Caseworkers:

Any other talents that might be useful during an emergency:

